

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
Olympia, Washington**

To: Hearing Aid Providers
Managed Care Organization
DOH CSHCN Coordinators

Memorandum No: 06-10
Issued: February 16, 2006

From: Douglas Porter, Assistant Secretary
Health and Recovery Services
Administration (HRSA)

For information, contact:
800.562.3022

Subject: Hearing Aids and Services: Clarification and changes to Fee Schedule

The changes listed in this numbered memorandum are retroactive for dates of service on and after July 1, 2005. The Health and Recovery Services Administration (HRSA) is clarifying its coverage criteria and prior authorization requirements for hearing aids.

What has changed?

- HRSA is clarifying the coverage criteria and prior authorization requirements for several procedure codes and has separated adults and children's fee schedules.
- A new, official DSHS form is now available for requesting Limitation Extensions. The Hearing Aid Limitation Extension Request form [DSHS 13-772] is available for downloading on-line at: <http://asd.dshs.wa.gov/FormsMan/FormPicker.aspx>

Billing Instructions Replacement Pages

Attached are replacement pages G.1 – G.8 for HRSA's current *Hearing Aids and Services Billing Instructions*.

How do I find a Children with Special Health Care Needs (CSHCN) coordinator?

To download the current CSHCN coordinators and support staff, click the link below.
<http://www.doh.wa.gov/cfh/mch/documents/Coordlst.doc>

How do I conduct business electronically with HRSA?

You may conduct business electronically with HRSA by accessing the WAMedWeb at <http://wamedweb.acs-inc.com>.

How can I get HRSA's provider documents?

To obtain HRSA's provider numbered memoranda and billing instructions, go to HRSA's website at <http://maa.dshs.wa.gov> (click on the ***Billing Instructions/Numbered Memoranda*** or ***Provider Publications/Fee Schedules*** link).

To request a free paper copy from the Department of Printing:

1. **Go to:** <http://www.prt.wa.gov/> (Orders filled daily.)
 - a) Click ***General Store***.
 - b) If a **Security Alert** screen is displayed, click **OK**.
 - i. Select either ***I'm New*** or ***Been Here***.
 - ii. If new, fill out the registration and click ***Register***.
 - iii. If returning, type your email and password and then click ***Login***.
 - c) At the **Store Lobby** screen, click ***Shop by Agency***. Select ***Department of Social and Health Services*** and then select ***Health and Recovery Services Administration***.
 - d) Select ***Billing Instructions, Forms, Healthy Options, Numbered Memo, Publications, or Document Correction***. You will then need to select a year and then select the item by number and title.
2. **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX 360.586.6361/telephone 360.586.6360. (Orders may take up to 2 weeks to fill.)

Fee Schedule

Hearing Aids for Adults (21 and older)

To receive payment from HRSA, hearing aids and services for adults, clients must meet the eligibility and criteria stated in this billing instruction. HRSA uses the following methodology to determine the average decibel hearing loss (dBHL). The sum of the dBHL readings are determined at each level/frequency at 1,000, 2,000, 3,000 and 4,000 Hertz (Hz) and divided by 4.

The following procedure codes are the only procedure codes HRSA pays for under the Hearing Aids and Services program.

Hearing Aid, Repair/Modification

Procedure Code	Code Status	Description	Modifier	07/01/05 Maximum Allowable
V5014	U	Repair/modification of a hearing aid Includes parts and labor. Replacement of casing allowed once every 5 years. Maximum of 2 repairs in 1 year. Use when billing for repair of an analog hearing aid .	RT, LT or RP (for casing only)	\$91.00
		When billing for repair of a digital hearing aid , use V5014 with EPA 870001021. Replacement of casing allowed once every 5 years. Maximum of 2 repairs in 1 year.	RT, LT or RP (for casing only)	137.00

Hearing Aid, Body Worn, Monaural (1 aid)

V5030		Hearing aid, monaural, body worn, air conduction	RT, LT, or RP	428.80
V5040		Hearing aid, monaural, body worn, bone conduction	RT, LT, or RP	428.80

Hearing Aid, Body Worn, Binaural (2 aids)

V5100	U	Hearing aid, bilateral, body worn Requires PA.		942.79
-------	---	---	--	--------

Legend

U = Updated N = New
LT = Left RT = Right RP = Replacement RR = Rental

Current Procedural Terminology © 2005 American Medical Association. All Rights Reserved.

(Rev.02/16/2006)(Eff. 07/01/2005)

High Powered Hearing Aids (V5050, V5060, V5130, and V5140)

HRSA pays for a high powered hearing aid only when the client meets **all of the following criteria:**

How does a client qualify for a high powered aid?

To qualify for a high powered hearing aid, the client must have an average of 50 dBHL in the better ear and meet the following;

- Average* of 90 dBHL in the ear that is being aided; or
- Progressive hearing loss of more than 20 dBHL average pure tone frequency on subsequent audiograms. Verification must be kept in the client's records.

When does HRSA pay for a “high powered” digital hearing aid?

HRSA pays for a **high powered aid** when the client has severe-profound hearing loss in the ear that is being aided, or has progressive hearing loss. A more powerful aid must be digital and have the following:

- A directional microphone;
- An internal noise control; and
- A feedback control cancellation (not feed back management).

Hearing Aid High Powered Monaural (1 aid)

Procedure Code	Code Status	Description	Modifier	07/01/05 Maximum Allowable
V5050	U	Hearing aid, monaural, in the ear (ITE) (Must meet criteria above. If billing for a second hearing aid, EPA is required. See page E.6–E.7.)	RT, LT, RP, RR	purchase: \$743.75 rental: 28.88
V5060	U	Hearing aid, monaural, behind the ear (BTE) (Must meet criteria above. If billing for a second hearing aid, EPA is required. See page E.6–E.7.)	RT, LT, RP, RR	purchase: 743.75 rental: 28.88

Legend

U = Updated N = New
LT = Left RT = Right RP = Replacement RR = Rental

Current Procedural Terminology © 2005 American Medical Association. All Rights Reserved.

(Rev.02/16/2006)(Eff. 07/01/2005)

Hearing Aid High Powered Binaural (2 aids)

Procedure Code	Code Status	Description	Modifier	07/01/05 Maximum Allowable
V5130	U	Binaural, in the ear (ITE) (Requires PA and must meet criteria above. Do not bill in conjunction with monaural hearing aid within 5 years.)		\$1,487.50
V5140	U	Binaural, behind the ear (BTE) (Requires PA and must meet criteria above. Do not bill in conjunction with monaural hearing aid within 5 years.)		1,487.50

Hearing Aid Regular Digital Monaural (1 aid)

V5256	U	Hearing aid, digital, monaural, ITE (For average hearing loss 50 dBHL or greater.* If billing for a second hearing aid, EPA is required. See page E.6 – E.7.)	RT, LT, RP	448.87
V5257		Hearing aid, digital, monaural, BTE (For average hearing loss 50 dBHL or greater.* If billing for a second hearing aid, EPA is required. See page E.6 – E.7.)	RT, LT, RP	448.87

Hearing Aid Regular Digital Binaural (2 aids)

V5260	U	Hearing aid, digital, binaural, ITE (For average hearing loss 50 dBHL or greater.* Requires PA. Do not bill in conjunction with monaural hearing aid within 5 years.)		897.74
--------------	---	--	--	---------------

Legend

U = Updated N = New
 LT = Left RT = Right RP = Replacement RR = Rental

Current Procedural Terminology © 2005 American Medical Association. All Rights Reserved.

(Rev.02/16/2006)(Eff. 07/01/2005)

Hearing Aids & Services

Procedure Code	Code Status	Description	Modifier	07/01/05 Maximum Allowable
V5261	U	Hearing aid, digital, binaural, BTE (For average hearing loss 50 dBHL or greater.* Requires PA. Do not bill in conjunction with monaural hearing aid within 5 years.)		\$897.74

Replacement Ear Molds

V5264	U	Ear mold/insert, not disposable, any type. HRSA covers replacement of ear molds as follows: <ul style="list-style-type: none"> • Once a year for soft ear molds; and • Once every three years for hard ear molds. Note: Initial and replacement hearing aid(s) includes ear mold. Do not bill separately within one year.	RP	38.49
-------	---	---	----	--------------

Note: After using one hearing aid for 6 months, only a monaural procedure code can be authorized. Billing a binaural code in conjunction with monaural code within 5 years is not allowed without justification and prior authorization.

Bill your usual and customary charge.

Payment will be the lesser of billed charge or the maximum allowable fee.

Legend

U = Updated N = New
 LT = Left RT = Right RP = Replacement RR = Rental

Current Procedural Terminology © 2005 American Medical Association. All Rights Reserved.

(Rev.02/16/2006)(Eff. 07/01/2005)

Memo 06-10

- G.4 -

Fee Schedule - Adults

Hearing Aids for Children (0-20 years of age)

To receive payment from HRSA, hearing aids, equipment and services for children must be medically necessary and meet the eligibility and criteria in section D of these billing instructions.

Children with Special Health Care Needs (CSHCN), **who are 0-17 years of age**, are required to have a CSHCN stamp.

The CSHCN stamp with CSHCN coordinator signature should be in *field 23* of the HCFS/CMS-1500 claim form. The CSHCN coordinators' initials must be in *field 24k* on each detail line of the HCFA/CMS 1500 claim form for all hearing aids and services.

The following procedure codes are the only procedure codes HRSA pays for under the Hearing Aids and Services program.

Hearing Aid, Repair/Modification

Procedure Code	Code Status	Description	Modifier	07/01/05 Maximum Allowable
V5014	U	Repair/modification of a hearing aid Includes parts and labor.	RT, LT or RP (for casing only)	\$91.00
		Used when billing for repair of an analog hearing aid . Maximum of 2 repairs in 1 year.		
		When billing for repair of a digital hearing aid , use V5014 with EPA 870001021. Maximum of 2 repairs in 1 year.	RT, LT or RP (for casing only)	137.00

Hearing Aid, Body Worn, Monaural (1 aid)

V5030		Hearing aid, monaural, body worn, air conduction	RT, LT, or RP	428.80
V5040		Hearing aid, monaural, body worn, bone conduction	RT, LT, or RP	428.80

Hearing Aid, Body Worn, Binaural (2 aids)

V5100	U	Hearing aid, bilateral, body worn		942.79
-------	---	-----------------------------------	--	--------

Legend

U = Updated N = New
LT = Left RT = Right RP = Replacement RR = Rental

Current Procedural Terminology © 2005 American Medical Association. All Rights Reserved.

(Rev.02/16/2006)(Eff. 07/01/2005)

High Powered Hearing Aids (V5050, V5060, V5130, and V5140)

HRSA pays for a high powered hearing aid only when the client meets **all of the following criteria:**

How does a client qualify for a high powered aid?

To qualify for a high powered hearing aid, the client must have an average of 50 dBHL in the better ear and meet the following;

- Average* of 90 dBHL in the ear that is being aided; or
- Progressive hearing loss of more than 20 dBHL average pure tone frequency on subsequent audiograms. Verification must be kept in the client's records.

When does HRSA pay for a “high powered” digital hearing aid?

HRSA pays for a **high powered aid** when the client has severe-profound hearing loss in the ear that is being aided, or has progressive hearing loss. A more powerful aid must be digital and have the following:

- A directional microphone;
- An internal noise control; and
- A feedback control cancellation (not feed back management).

Hearing Aid High Powered Monaural (1 aid)

Procedure Code	Code Status	Description	Modifier	07/01/05 Maximum Allowable
V5050	U	Hearing aid, monaural, in the ear (ITE) (Must meet criteria above. If billing for a second hearing aid, must also meet EPA criteria.)	RT, LT, RP, RR	purchase: \$743.75 rental: 28.88
V5060	U	Hearing aid, monaural, behind the ear (BTE) (Must meet criteria above. If billing for a second hearing aid, EPA is also required. See page E.6-E.7.)	RT, LT, RP, RR	purchase: 743.75 rental: 28.88

Legend

U = Updated D = Discontinued N = New
 LT = Left RT = Right RP = Replacement RR = Rental # = Not covered

Current Procedural Terminology © 2005 American Medical Association. All Rights Reserved.

(Rev.02/16/2006)(Eff. 07/01/2005)

Hearing Aid High Powered Binaural (2 aids)

Procedure Code	Code Status	Description	Modifier	07/01/05 Maximum Allowable
V5130	U	Hearing aid, binaural, (ITE) Must meet criteria on page G.6. Do not bill in conjunction with monaural hearing aid.)		\$1,487.50
V5140	U	Hearing aid, binaural, behind the ear (BTE) Must meet criteria on page G.6. Do not bill in conjunction with monaural hearing aid.)		1,487.50

Hearing Aid Regular Digital Monaural (1 aid)

V5256	U	Hearing aid, digital, monaural, ITE (Use when client does not meet the criteria for a high powered hearing aid.)	RT, LT, RP	448.87
V5257		Hearing aid, digital, monaural, BTE (Use when client does not meet the criteria for a high powered hearing aid.)	RT, LT, RP	448.87

Hearing Aid Regular Digital Binaural (2 aids)

V5260	U	Hearing aid, digital, binaural, ITE (Use when client does not meet the criteria for a high powered hearing aid. Do not bill in conjunction with a monaural hearing aid.		897.74
V5261	U	Hearing aid, digital, binaural, BTE (Use when client does not meet the criteria for a high powered hearing aid. Do not bill in conjunction with a monaural hearing aid.		897.74

Legend

U = Updated D = Discontinued N = New
 LT = Left RT = Right RP = Replacement RR = Rental # = Not covered
 Current Procedural Terminology © 2005 American Medical Association. All Rights Reserved.

(Rev.02/16/2006)(Eff. 07/01/2005)

Replacement Ear Molds

Procedure Code	Code Status	Description	Modifier	07/01/05 Maximum Allowable
V5264	U	Ear mold/insert, not disposable, any type. Note: Initial and replacement hearing aid(s) includes ear mold. Do not bill separately. HRSA covers replacement of ear molds only.	RP	\$38.49

Note: Do not bill for a binaural code in conjunction with a monaural code.

FM System

V5274		Assistive listening device, not otherwise specified (Requires EPA. See page E.7 for criteria.		<i>Copy of cost invoice required.</i>
-------	--	---	--	---------------------------------------

Discontinued Codes

HRSA no longer pays for V5246, V5247, V5252, and V5253 codes retroactive for dates of service on and after July 1, 2005.

Bill your usual and customary charge. Payment will be the lesser of billed charge or the maximum allowable fee.

Legend

U = Updated D = Discontinued N = New
 LT = Left RT = Right RP = Replacement RR = Rental # = Not covered
 Current Procedural Terminology © 2005 American Medical Association. All Rights Reserved.

(Rev.02/16/2006)(Eff. 07/01/2005)